

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

clh

PLAINTIFF
BRIDGET MECHETNER-CESARIO

COURT CASE NUMBER
~~08-C-201~~ 08c21

DEFENDANT
JENNIFER WITHERSPOON, ETC., ETAL.

TYPE OF PROCESS
SUMMONS & COMPLAINT

SERVE AT { NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN
CORRECTIONAL OFFICER MITCHELL, LAKE COUNTY JAIL
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)
20 SOUTH COUNTY STREET WAUKEGAN, IL 60085 - (847) 377-4100

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW

PATRICK J. COLLINS
BELGRADE & O'DONNELL, PC
20 NORTH WACKER DRIVE - SUITE 1900
CHICAGO, IL 60606

Number of process to be served with this Form 285

1

Number of parties to be served in this case

9

Check for service on U.S.A.

X

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

FILED

Fold

Fold

MAY 12 2008 YM

May 12 2008

MICHAEL W. DOBBINS

CLERK, U.S. DISTRICT COURT

Signature of Attorney other Originator requesting service on behalf of:

☒ PLAINTIFF

☐ DEFENDANT

TELEPHONE NUMBER

DATE

4-1-08

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated.
(Sign only for USM 285 if more than one USM 285 is submitted)

Total Process

3089

District of Origin

No. 24

District to Serve

No. 24

Signature of Authorized USMS Deputy or Clerk

T.R.

Date

4-1-08

I hereby certify and return that I ☒ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)

S. Valek Correctional Officer

☐ A person of suitable age and discretion then residing in defendant's usual place of abode

Address (complete only different than shown above)

Date
5/12/08

Time

2:45

☐ am
☒ pm

Signature of U.S. Marshal or Deputy

Service Fee

Total Mileage Charges including endeavors

Forwarding Fee

Total Charges

Advance Deposits

Amount owed to U.S. Marshal* or (Amount of Round*)

One Service Fee charged same case + location

REMARKS:

See process sheet # 1 for charges 100 miles R

3 hrs

PRINT 5 COPIES:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED